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**Socialization of Coping: Mothers' Suggestions and Modeling Influence
Children's Methods of Coping with Family Stressors**

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**Socialization of Coping: Mothers' Suggestions and Modeling Influence
Children's Methods of Coping with Family Stressors**

by

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Abstract

Socialization of Coping: Mothers' Suggestions and Modeling Influence Children's Methods of Coping with Family Stressors

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Stressful family interactions are related to increased risk for mental health problems in youth (Conger and Donnellan, 2007). Children may learn how to cope with stressors by observing how their parents cope and through the coping suggestions parents give when children face stressors (Abaied and Rudolph, 2010). The proposed study will examine the relationships among parents' coping socialization methods and children's coping strategies in a sample of Latino middle-schoolers and their parents. Analyses will include correlations among informants' reports of coping strategies and socialization methods, and hierarchical multiple regression analyses of associations between children's coping strategies and parents' coping socialization strategies. Parent modeling will be added to the regression first, followed by parent coping suggestions. Expected results and implications will be discussed.

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Introduction

The ability to cope with stressors can have a profound impact on short-term and long-term outcomes for children and adults. Children with effective coping skills have a decreased risk of mental health concerns such as depression and anxiety (Grant, Compas, Thurm, McMahon, & Gipson, 2004). This study will examine the coping strategies children and their mothers use, as well as the ways that mothers help their children learn to cope with stress.

Coping research has focused predominantly on defining coping as a construct in both children and adults, finding that the construct remains relatively stable across the lifespan (e.g., Lazarus, 2006; Folkman & Lazarus, 1980; Connor-Smith et al., 2000; and Skinner et al., 2003). Previous studies of coping have also reported on the benefits of using coping strategies to reduce symptoms of depression and anxiety (e.g., Evans et al., 2014; Fisak, Richard, & Mann, 2011). Still others have examined individuals' capacities for coping and coping skill development and the correspondence with cognitive and social development from early childhood to early adulthood (e.g., Kliewer, Fearnow, & Miller, 1996; Miller, Kliewer, & Partch, 2010). Coping strategies, or ways of responding to life's stressors, are important for individuals' mental health and completion of daily tasks.

Due to the impact of coping on children's mental health outcomes, researchers have sought to understand how children and adolescents develop coping skills. There is mounting evidence that the ways in which individuals cope develop over the lifespan. For example, it is common for young children to seek help from adults or avoid situations that make them fearful. In middle childhood, the capacity to problem-solve becomes an additional coping strategy, and by adolescence and into adulthood, individuals develop

the ability to use cognitive strategies such as reframing the situation (Zimmer-Gembeck & Skinner, 2011).

There have been mixed findings in the literature regarding gender differences in children's coping strategy use (Ayers, Sandler, West, & Roosa, 1996; Lazarus, 2006; Wadsworth & Berger, 2006; Wadsworth, Raviv, Compas, & Connor-Smith, 2005). Some findings suggest that children's coping strategy use is stable regardless of gender (Ayers et al., 1996; Wadsworth & Compas, 2002) while others did find significant differences (Hampel & Petermann, 2006; Santiago & Wadsworth, 2008). The main gender-related differences, when they are significant, include problem-solving and support-seeking strategies being more protective for females (Frydenberg & Lewis, 1991), yielding lower rates of internalizing problems such as depression and anxiety, and disengagement strategies being more protective for males as related to lower incidences of behavioral problems and aggression (Hampel & Petermann, 2006; Nicolotti, El-Sheikh, & Whitson, 2003).

In addition to support for developmental and gender differences in coping abilities, there is also evidence that children can be taught to cope in different ways. In general, the literature on coping socialization focuses on the ways that children's family context and communication styles are related to children's coping strategy use, caregivers' reinforcement of children's coping strategy use, caregivers' modeling the use of their own coping strategies in response to stress, and caregivers' direct instruction in coping strategies (Kliewer, Lepore, Broquet, & Zuba, 1990). Literature suggests that children are more likely to ask for and accept parents' help when responding to stressors if there is a warm family environment with open communication between parents and children (e.g., Power, 2004).

Some data suggest that parents' reinforcement of children's coping strategies may occur by altering the frequency that children use specific coping strategies. For example, a study of children in third through sixth grade, a positive parental response to a child's coping strategy (e.g., offering praise for the coping effort or encouraging problem-solving and emotion expression) was related to increases in children's rates of active coping strategy use, whereas negative parental responses to children's use of a strategy (e.g., minimizing the child's concern or punishing the child for seeking help or expressing emotions related to the stressor) was related to more frequent use of avoidant or disengaged coping strategies (Eisenberg, Fabes, & Murphy, 1996).

Caregivers' modeling of coping strategies, or the ways in which caregivers themselves respond to stressors, is a more direct mechanism by which children may learn to learn how to respond to stress (Power, 2004). Though caregivers may not intend to model types of coping responses, children may learn from observing others' actions, whether caregivers intend for their actions to be learning experiences for children or not (Bandura, 1971; Fisak & Grills-Tauechel, 2007).

Direct instruction, or caregivers' suggestions of ways children and adolescents may respond to stress, is another method of coping socialization. Kliewer and colleagues found that when faced with community violence, mothers' coping suggestions had a stronger effect on children's coping strategy use than mothers' modeling or reinforcement (Kliewer et al., 2006). In studies of adolescents coping with peer victimization, researchers found that mothers' coping suggestions and children's coping strategy use are correlated (Abaied & Rudolph, 2010, 2011; Monti, Abaied, & Rudolph, 2014). It is important to continue examining this direct, intentional way in which parents can teach children how to respond to stressors.

One limitation in the current body of research on coping socialization is that while mothers' coping suggestions have been examined in areas such as coping with peer victimization (Abaied & Rudolph, 2011), mothers' modeling and suggestions for coping with stressors within the family have not been assessed. It is important to understand how children develop strategies to cope with family stressors because negative family interactions, such as frequent or severe instances of parental or sibling conflict, are related to increased risk for mental health problems (Conger & Donnellan, 2007) and decreased academic outcomes (Conger, Rueter, & Conger, 2000). The importance of coping with family stressors is key to understanding risk for mental health problems, since youth who are able to cope with family conflict exhibit lower rates of anxiety, depression, and behavioral problems than youth who do not use effective coping strategies (Wadsworth & Compas, 2002).

The purpose of this study is to investigate the ways in which mothers socialize their middle-school children to cope with family stress, as well as the ways in which gender is related to the types of coping strategies that are modeled, suggested and used. A multiple regression analysis will be used to assess the amount of variance in children's self-reported use of coping strategies that may be accounted for by gender, mothers' self-reported modeling of coping, and mothers' coping suggestions.

INTEGRATIVE ANALYSIS

What is Coping?

DEFINITIONS AND EARLY HISTORY OF COPING RESEARCH

The idea that individuals cope with or respond to stressors is not new in the field of psychology, but its conceptualization has changed over time. Sigmund Freud's descriptions of ego defense, in which the ego may either repress memories or emotions or desensitize an individual to their effects, is an early description of what is now considered to be part of the coping process (Lazarus, 2006). Ego defense does not encapsulate all coping strategies because it fails to recognize behaviors such as problem-solving and support-seeking when faced with a stressor (Billings & Moos, 1981).

The body of literature using the term "coping" rapidly expanded in the 1970s and 1980s with seminal works by Folkman and Lazarus (Folkman & Lazarus, 1980; Lazarus & Folkman, 1984), where coping was defined as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984, p. 141). Since then, the definition of coping has progressed, and though the definition and theoretical model vary among research teams, there is general consensus that coping is a method by which individuals identify, appraise, and respond to stressors in an attempt to address either the cause of the stress or the negative emotions that occur as a result of the stressor (Skinner, Edge, Altman, & Sherwood, 2003). Coping may protect individuals against the negative emotions and physiological responses related to stress, and the effective use of coping strategies may decrease mental health problems such as depression, anxiety, anger, and aggression (Grant et. al, 2004).

Though many studies measure the ways in which coping is related to mental health outcomes, studies on the structure of coping itself do not typically measure mental health outcomes. This is because individual coping strategies (e.g., asking someone else for advice on how to solve the problem or engaging in wishful thinking) may have the desired effect, no effect, or an adverse effect in relationship to the stressor (Lazarus & Folkman, 1984). Rather, the structure of coping is typically studied by asking individuals open-ended questions about what they would do in response to a given situation, compiling results and proposing a model with a related measure, and then conducting a confirmatory factor analysis of participants' responses to validate the model.

In early work with middle-aged adults, coping was described in relation to the focus of the coping strategy (Folkman & Lazarus, 1980). Problem vs. emotion-focused coping emerged as a model that classifies coping responses as either attempting to control the source of the stress, or attempting to regulate the emotions that are a result of the stressor. For example, problem-focused strategies may include attempting to change the situation or asking others for advice on how to respond to the stressor. Emotion-focused strategies may include doing something fun to take one's mind off of the stressor or talking to someone about the way that one feels. Both problem and emotion-focused coping include internal and external processes (e.g., thoughts and behaviors) that people use to cope (Lazarus & Folkman, 1984).

Though the early work was done with adult samples, coping strategies have been shown to be consistent across the lifespan. Young children are more likely to use avoidance, older children more likely to use problem-solving strategies, and adolescents and adults develop the ability to use more cognitive, emotional, and support-seeking strategies; however, the overall structure of coping remains relatively intact regardless of age (Skinner et al., 2003; Zimmer-Gembeck & Skinner, 2011).

COPING IN CHILDREN

A theoretical model of children's coping that emerged is related not to the focus of the coping as either problem- or emotion-focused, but to the methods of coping. These coping methods have generally been categorized as approach vs. avoidance, also called active vs. passive coping (Billings & Moos, 1981). Individuals may use approach/active coping by employing cognitive thought processes such as thinking of possible positives that could arise from the negative situation, or by employing coping behaviors such as finding ways to directly change the stressor itself. Avoidance/passive strategies include thought processes such as trying not to think about the stressor, as well as behavioral strategies such as choosing not to go to a certain place or speak with certain people associated with the stressor (Billings & Moos, 1981).

The chief arguments against both problem vs. emotion-focused coping and active vs. passive coping are that some lower-order categories of coping, such as support-seeking, may not fit into either category, while others, such as prayer or meditation may be part of forming a plan as well as calming one's emotions. Factor analyses do not support a differentiation between problem-focused and emotion-focused coping (Ayers et al., 1996; Connor-Smith, Compas, Wadsworth, Thomsen, & Saltzman, 2000; Skinner et al., 2003). Citing the lack of model fit in confirmatory factor analyses with problem vs. emotion-focused coping as a construct, Ayers and colleagues (1996) proposed a need for more psychometrically sound instruments for assessing coping in children and noted that some of the outliers in factor analyses of the two-factor model of coping may indicate that coping is a more multidimensional construct. The team performed a confirmatory factor analysis of two existing measures of coping, one based on a problem vs. emotion-focused theoretical model of coping, and the other on the approach (active) vs. avoidance (passive) model of coping. They assessed this by asking participants the question, "When

I have a problem, I...” and listing various ways of coping that encompassed strategies suggested in problem- vs. emotion-focused coping as well as active vs. passive coping (Ayers et al., 1996, p. 933). Their analysis yielded a four-factor model of coping in youth as a disposition or trait, meaning that individuals would use similar coping strategies regardless of the type of stressor: active coping, avoidance, distraction, and support-seeking (Ayers et al., 1996).

The youth coping literature continued to evolve with research on children’s coping with chronic or ongoing pain. Walker and colleagues (1997) drew from the literature on coping with acute pain, which described “active” versus “passive” coping strategies, as well as the problem vs. emotion-focused coping and developed an instrument to assess children’s coping with pain that was found to load onto three dimensions: Active Coping (i.e., problem-solving, support-seeking, and using distractions), Passive Coping (i.e., behavioral disengagement, isolation, and catastrophizing), and Accommodative Coping (i.e., acceptance, self-encouragement, and minimizing or ignoring pain) (Walker, Smith, Garber, & Van Slyke, 1997). Though this model of coping showed promise in the factor analysis of the Pain Response Inventory that was developed to assess these aspects of coping, the model was not easily generalizable to other situations in which coping strategies are used.

The conceptualization of coping that will frame this study was proposed by Connor-Smith and colleagues (2000), who defined coping as “conscious volitional efforts to regulate emotion, cognition, behavior, physiology, and the environment in response to stressful events and circumstances,” (p. 89). In other words, coping is an effortful process by which individuals respond to stressful situations by attempting to regulate their behaviors, physiological reactions, emotions, and cognitive appraisals and responses. Rather than assuming that individuals tend to cope in certain ways regardless of situation,

Connor-Smith and colleagues suggested that it is important to examine coping in response to specific stressors for several reasons (Connor-Smith et al., 2000). First, individuals may not employ the same coping strategies when dealing with different stressors, such as community violence and having a parent with depression. Additionally, the same coping strategies may not be appropriate for different types of stressors. For example, in a recent study of children's responses to peer victimization, it is noted that the types of strategies that one employs when coping with terminal cancer may have some overlap with strategies used to cope with peer bullying; however, some strategies (e.g., asking for advice on how to solve the problem) may only be appropriate for one or the other (Abaied & Rudolph, 2010).

A contemporary Five Factor Response to Stress model shows strong internal consistency and external validity (Compas et al., 2001). In this hierarchical model (see Figure 1), responses to stress are categorized as coping (i.e., voluntary responses to stress), or involuntary responses to stress. Involuntary responses to stress include physiological responses such as changes to heart rate, cortisol levels, or sleeping patterns. The current study focuses on coping when defined as voluntary responses to stress because these types of responses are in an individual's awareness and control more than involuntary responses. Voluntary responses to stress, or coping responses, consist of two dimensions: engagement coping and disengagement coping. In engagement coping, individuals engage in thoughts or actions to cope with a stressor. Engagement coping is further divided into primary control coping, in which individuals take action to directly impact the stressor itself, such as making a plan to change it or asking others for help in dealing with the stressor, and secondary control coping, in which individuals use strategies to adapt to or accommodate a stressor, such as engaging in a relaxing activity or telling themselves that some good may come of it. In disengagement coping,

individuals use thoughts or behaviors to avoid either the stressor itself or thinking about the stressor (Compas et al., 2001).

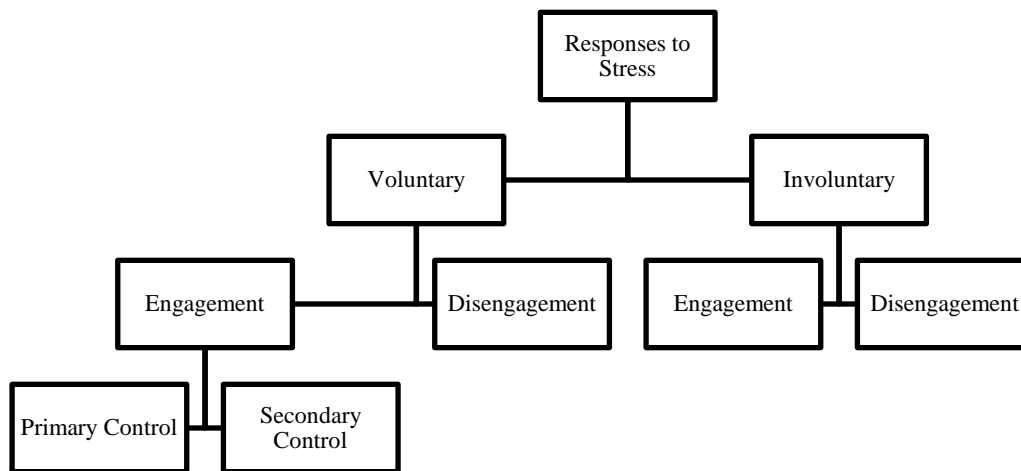


Figure 1. Five Factor Model of Responses to Stress, (Compas et al., 2001)

Though the same factors are found across age groups, the rates and methods of deploying certain coping strategies change over the course of development. There is mounting evidence that the use and utility of coping strategies vary across childhood and adolescence. Comparing age range data for 58 studies, using over 250 correlations with age, Zimmer-Gebeck and Skinner (2011) examined ages at which developmental shifts in coping occur and hierarchical families or categories of coping that are common at each age. Transitional times included ages 0-2 years; 5-7 years; 10-12 years; 14-16 years; and 18-22 years. Coping “families,” the term this research team gave to lower-order dimensions of coping that were examined, included problem solving, information-seeking, helplessness, escape, self-reliance, support-seeking, delegation, social isolation, accommodation, negotiation, submission, and opposition (Skinner et al., 2003). They

looked at these lower-order dimensions, rather than only higher-order categories such as Primary Control and Secondary Control coping, to understand where age-related differences may play a part. They found significant differences in “deployment,” or actual use of different lower-order coping strategies, rather than in types of strategies used, with more frequent and varied deployment of coping strategies in adolescence than in childhood.

Skinner and colleagues (2003) suggest that young children most frequently use support-seeking, distraction, or escape. In middle childhood, coping strategies become more efficient; there is an increase in problem-solving and information-seeking strategy use and support-seeking becomes more differentiated. In adolescents, there is an increased differentiation both within coping families, and depending on the specific stressor. There is also more future planning (and worrying, and coping) rather than only coping with current or immediate past events (Skinner & Zimmer-Gembeck, 2007).

Williams and McGillicuddy-De Lisi (1999) assessed adolescents use of coping strategies with “daily hassles” and in response to a specific stressful event chosen by each individual. Adolescents were grouped into three age categories: early, middle, and late adolescence; results suggest that older adolescents use a greater variety of strategies overall, and that they are more likely to use strategies such as problem solving cognitive restructuring (Williams & McGillicuddy-De Lisi, 1999). These shifts align with theories of social and cognitive development, as children and adolescents tend to develop greater autonomy, cognitive flexibility, and planning abilities as they age.

The proposed study will examine the coping behaviors of children in the early adolescent time period, a transitional developmental time in which youth may begin to learn and implement different types coping strategies, namely more cognitive restructuring and other Secondary Control coping strategies, as they transition from

childhood to adolescence. Parents' socialization of coping strategies may be tailored to the age and developmental level of the child, and age should be considered a moderator of socialization and coping (Eisenberg & Valiente, 2004).

DEVELOPMENTAL SEQUENCE OF COPING

A theoretical model of children's coping that emerged is related not to the focus of the coping as either problem- or emotion-focused, but to the methods of coping. These coping methods have generally been categorized as approach vs. avoidance, also called active vs. passive coping (Billings & Moos, 1981). Individuals may use approach/active coping by employing cognitive thought processes such as thinking of possible positives that could arise from the negative situation, or by employing coping behaviors such as finding ways to directly change the stressor itself. Avoidance/passive strategies include thought processes such as trying not to think about the stressor, as well as behavioral strategies such as choosing not to go to a certain place or speak with certain people associated with the stressor (Billings & Moos, 1981).

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How do Children Learn to Cope?

Whether it is intentional or not, parents can help children learn to appraise stressful situations and cope with them (Power, 2004). The mechanism by which parents teach their children to cope is referred to as coping socialization. The predominant coping socialization strategies that have been reviewed in the literature include modeling, responding to children's emotions, assisting children with analyzing the situation and planning responses, providing rewards or consequences for strategy use, distracting or accommodating, and providing a positive family environment (Power, 2004).

Conceptualizations of coping socialization are closely linked to theory and research on the socialization, or transmission, of anxiety from parents to children. In general, parent modeling, reinforcement, and direct teaching have been identified as risk factors in children's development of anxiety (Fisak & Grills-Tauechel, 2007). In their review of children of anxious and non-anxious parents, Fisak and Grills-Tauechel (2007) found that learning from parents may be a risk factor in the development of anxiety, via parent modeling, reinforcement, and information transfer.

In their review of literature about socialization related to anxiety, the researchers defined parent modeling as a type of vicarious learning in which children observe either verbal or nonverbal expressions of parents' own emotions or reactions to stressors, and then children replicate these responses to stress (Fisak & Grills-Tauechel, 2007). Parents may not be consciously modeling these strategies for their children, and they may be unaware that their children are emulating their responses to stress; however, they still serve as a model to their children.

Another method of socialization that was reviewed is *reinforcement*, which is based on the behaviorist models of reinforcement. For example, when children received

positive feedback (e.g., hug, verbal attention) for engaging in a certain behavior (e.g., ignoring a stressor), the child was likely to repeat that behavior. Conversely, after receiving negative feedback (e.g., parent ignores or refuses to discuss a situation) for engaging in certain coping behaviors (e.g., seeking comfort, discussing emotion, seeking advice), children were less likely to engage in those coping behaviors in the future (Fisak & Grills-Taquechel, 2007).

The third method of socialization that they examined was called *information transfer*, which included direct instruction and suggestions: parents would warn children of a stressor or directly teach them how to deal with it. This review suggests that though parents may have intended to help or protect the child, anxious parents were likely to communicate an excessive threat and cause more anxiety in children (Fisak & Grills-Taquechel, 2007).

Fisak and Grills-Taquechel (2007) further suggested that it is imperative to consider multifinality and equifinality – that other factors may lead parents to socialize children in certain ways, and that the socialization may yield different results based on individual child factors, including genetics and temperament, as well as environmental stressors and supports. Building upon research on the socialization of anxiety, coping socialization research has demonstrated that the socialization of coping can work in much the same way. Kliewer et al. (2006) describe a model of the socialization of coping that includes caregiver coaching (e.g., providing direct instruction or offering coping strategy suggestions), modeling (e.g., engaging in their own coping strategies in response to stressors, including both verbal and nonverbal behaviors), and the family environment (described in this study as the level to which a child feels accepted, family competence in daily life and problem-solving, and the quality of parent-child interactions).

CAREGIVER REINFORCEMENT

The principles of reinforcement have a strong background in psychology. The positive or negative reinforcements or consequences that individuals receive shape future behavior, and this includes learning coping strategies. In their review of literature regarding socialization of emotion regulation Eisenberg, Cumberland, and Spinrad (1998) suggest that parental reinforcement is a critical aspect of socializing emotional regulation, which is a process involved in coping. Parental responses to children's emotions can reinforce both the emotions themselves and the children's expression of them. In a study of anxious and non-anxious mothers, Hudson and colleagues found that reinforcing responses may be one mechanism by which the intergenerational transmission of responses to stress occurs (Hudson, Comer, & Kendall, 2008).

A study examining family stress and parental responses to children's negative emotions found that supportive responses to (i.e., acceptance and approval of) children's negative emotions such as sadness or fear may lead to more emotional expression, whereas unsupportive or invalidating responses may lead to children's unwillingness to express emotions (Nelson, O'Brien, Blankson, Calkins, & Keane, 2009). Nelson and colleagues (2009) also found that stress level was related to the ways that parents socialized children's emotions: higher levels of family stress were correlated with parents offering less supportive responses to children's negative emotions. These findings suggest that the relationship between parents' responses to family stressors and children's responses to those same stressors may be mediated by parents engaging less in direct teaching of coping strategies (Nelson et al., 2009). It is also possible that if children receive unsupportive or invalidating responses from their parents after expressing emotion, their parents would report that their children have lower levels of stress and use

fewer coping strategies because children would be less likely to share that information with their parents.

Nelson et al. (2009) also examined spillover between each parent's marital dissatisfaction, perception of home chaos, depressive symptoms, and job role dissatisfaction and that parents' own responses to children's negative emotions and perceived levels of family stress. Higher marital dissatisfaction was linked to lower support for children's negative emotions, and a higher perception of home chaos was linked to more nonsupportive responses (Nelson et al., 2009). Children facing the family stressors of parents' marital discord and a chaotic home environment may receive responses to their emotional expression that encourage disengagement coping responses, because they may receive negative reinforcement for expressing emotions or asking for help when dealing with them.

CAREGIVER MODELING

Caregiver modeling can be either unconscious or intentional as a method of coping socialization (Power, 2004). Social Learning Theory suggests that people learn by watching the actions of others (Bandura, 1971); thus, children may learn coping strategies by observing the ways in which their caregivers coping with various stressors (Connor-Smith et al., 2000). For example, in a study of coping strategy use in anxious and non-anxious mothers and their children, Buckley and Woodruff-Borden (2006) asked mother-child dyads to complete two stressful interaction tasks: an unsolvable anagram and child preparation for an impromptu speech and to complete self-report measures of coping and mental health. Mothers' modeling of either problem-focused or emotion-focused coping were coded. Anxious mothers appeared to exhibit fewer adaptive coping strategies (i.e., less able to cope, spent less time modeling positive teaching of the tasks, and expressed

more negative emotion), and their children did too, regardless of the child's mental health status. There were no differences between child gender and types of strategies that were modeled. This finding implies that children's coping strategy use is related to the strategies that they observe their mothers using when responding to stressors.

In order to examine the direct and indirect effects of parents' socialization of emotion regulation and reappraisal, Guzenhauser and colleagues (2014) found that parents' modeling of emotion regulation and emotion suppression, as well as reappraisal of stressful situations, were significantly related to children's use of the same strategies, regardless of parent or child gender (Gunzenhauser, Fäsche, Friedlmeier, & von Suchodoletz, 2014). Additional research shows that parents' attitudes toward reappraisal and emotion expression and regulation may increase their use, and their children's use of those coping strategies (Meyer, Raikes, Virmani, Waters, & Thompson, 2014).

Despite the research showing a connection between caregiver modeling and child coping, there are some coping strategies that are internal processes (e.g., trying not to think about the problem or trying to think of some good that may come from the stressful situation) which may be more difficult for children to observe. As Kliever (2006) suggests, child socialization of coping is also influenced by mothers' direct instruction or suggestions and features of the family environment in which the reinforcement, modeling, and instruction takes place.

CAREGIVER INSTRUCTION AND SUGGESTIONS

Offering coping suggestions, or direct teaching and instruction in coping, is the way in which parents most explicitly socialize their children's coping strategies. These suggestions can include statements that help a child brainstorm solutions to a stressful situation, encourage the child to either avoid or confront a situation, and recommend

ways that the child may take his or her mind off of the problem. The types of suggestions parents give their children are related to the types of coping strategies children use.

Kliewer and colleagues (2006) asked 101 African-American parent-child dyads to view a video clip portraying community violence and behaviorally coded a guided discussion of the clip for various coping suggestions and interaction variables. They also used self-report measures of coping, individual and family variables, and child adjustment. Results suggested that caregiver coaching, or suggestions, were more highly correlated with child coping behavior than caregiver modeling or the family context, though both modeling and the family context also had a significant effect. The implications of family environment and various methods parents' coping socialization: reinforcement, modeling, and direct instruction, or coping suggestions, are discussed further below.

In a study of mothers and early adolescents dealing with peer stress, Abaid and Rudolph (2011) showed that mothers' disengagement coping suggestions were related to adolescents using what the researchers called maladaptive coping strategies, or strategies that are used inappropriately, such as behavioral disengagement when action is warranted. Engagement coping suggestions were related to more active coping strategies, where children directly address the situation or their response to it through primary control or secondary control coping. Notably, these findings were only significant when youth experienced elevated levels of chronic peer stress, suggesting that parents' coping suggestions may be more important and impactful when children face high levels of stress for a longer period of time.

Miller and colleagues studied socialization of coping among use in 9 – 12-year-old children faced with interparental conflict. Observations and self-report assessments of mothers' coping suggestions and children's later coping strategy use suggest that a higher

frequency of coping suggestions may lead to children remembering those strategies and implementing them later (Miller et al., 2010).

In another study examining children's responses to peer aggression, Abaied (2010) looked at what she refers to as "active" socialization (coping suggestions and modeling) and "passive" socialization (family context and positive/negative reinforcement) and found that active socialization was related to fewer disengagement coping responses and more primary control coping responses. In children with high emotionality, passive coping socialization was related to more disengagement and less primary control coping.

Longitudinally, Abaied and Rudolph (2010) assessed whether interpersonal and noninterpersonal stress moderated the effects of parental coping socialization on kids' internalizing and externalizing psychopathology. In this study, the researchers used parent and child self-report measures to assess 4th – 8th grade children's socialization of coping, depression, psychosocial factors, and interpersonal and noninterpersonal stress. The hypothesis that socialization of coping would only predict depression for high levels of stress was supported for interpersonal stress only. Engagement SOC was a protective factor for girls, but a risk factor for boys, when it came to externalizing behaviors. Conversely, disengagement SOC with noninterpersonal stress was a risk factor for children facing moderate or high stress levels, but a protective factor for mild levels of stress. These findings suggest that child gender and stressor type (interpersonal vs. noninterpersonal), particularly in middle childhood and adolescence, may impact how parents socialize their children to cope with stress, and the effects that various coping strategies may have on mental health outcomes.

IMPORTANCE OF FAMILY ENVIRONMENT

Differences in family environment, including cohesion, emotional expression, communication, and other factors have been shown to impact children's and adolescents' social and cognitive development, including the development of coping. Parents' values about emotional experiences and expressions, as well as their beliefs about regulating moods, are related to more frequent positive emotional socialization efforts and higher child self-regulation, which includes primary and secondary coping strategies (Meyer, Raikes, Virmani, Waters, & Thompson, 2014). When assessing parents' and children's values about emotion regulation and ways of employing regulation strategies, Meyer and colleagues found that parents who value emotional expression are more likely to create an environment in which children feel free to express emotion and seek support in when responding to stressors (Meyer et al., 2014).

Eisenberg and Valiente (2004) posit that family-related stressors, parent personality and adjustment, parenting style, parent mental health and substance abuse may add to the coping model, in addition to adding to parenting variables. It is important to measure the recursive relationship between parenting and child emotional regulation and coping, and implications for coping socialization within its developmental sequence. That is, the way that parents respond to children's effortful emotion regulation and coping, and the way that children respond to parental discipline and communication, and levels of warmth, affect one another in a cyclical pattern. These findings may have implications in research design and in intervention time points and techniques.

In a longitudinal study on the effects of a parenting and Secondary Control coping depression prevention program for middle school students, Watson and colleagues (2014) looked at the relationships among depressive symptoms and child coping at baseline, 6 months, and 18 months. They found that parental warmth/responsiveness at baseline

predicted child coping at 12 months (Watson et al., 2014). This finding further supports the theory that family relationships may be related to coping socialization and strategy use.

Another study examined relations between family and school environments and coping strategies in a sample of 487 Australian 8th graders. Results suggest that the strength of family relationships is linked to teen coping more than the context in which coping strategies are used (in this case, in home vs. at school). Teachers had a limited impact on socialization of coping, and adolescents were more likely to use active coping behaviors at home than at school (Zimmer-Gembeck & Locke, 2007). The strength of family relationships seems to affect coping strategy use.

In a literature review examining ways in which emotion regulation is socialized, including processes of observational learning, modeling, social referencing, parental responses to emotional expression, and family context (including marital relationship, attachment relationship, and family expressiveness), Morris and colleagues (2007) posited that emotion regulation is an “internal and external processes involved in initiating, maintaining, and modulating the occurrence, intensity, and expression of emotions,” and thus, may be closely related to coping. These researchers specifically looked at the impact of parenting practices vs. parenting styles across studies, hypothesizing that specific parenting practices (e.g., showing warmth and fostering open communication among family members) would have a greater effect on emotion regulation strategies than parenting styles (i.e., authoritative, authoritarian, or permissive). Morris and colleagues suggested that children’s socialization of emotion regulation strategies can occur via observational learning, modeling, social referencing, parental responses, and family context, and that it can be impacted by individual child factors such as temperament, emotional reactivity, gender, and developmental stage as

well as parent factors such as mental health, family history and beliefs (Morris, Silk, Steinberg, Myers, & Robinson, 2007). Though emotion regulation is just one aspect of responding to stress, similar mechanisms of socialization are described as those in the literature about coping socialization, providing further evidence for these mechanisms by which children learn from their parents and more potentials for mediation and moderation by individual parent and child factors and family factors.

Coping with Interpersonal Family Stress

One source of stress that youth may respond to on a daily basis is interpersonal conflict within the family. Both the adult mental health concerns and the interpersonal conflict between parents affect children's mental health and are related to increases in children's internalizing and externalizing problems (Conger et al., 2000; Conger & Donnellan, 2007). The proposed study will examine children's responses to family stress and conflict, as well as ways in which mothers socialize them to cope with family stress, because though children and adolescents are typically unable to intervene in their parents' economic and relationship distress, they may benefit from using certain strategies to cope with the stress that they feel within the family (Wadsworth & Compas, 2002).

In their sample of 364 low-SES adolescents, Wadsworth and Compas found that primary control and secondary control coping strategies mediated the relationship between family conflict and adolescent psychopathology (Wadsworth & Compas, 2002). Additionally, there may be an interaction between children's ability to actively cope with family stress and a reduction in negative family interactions: if a child can problem-solve or receive support to help cope with a stressor, then they may not be as affected by it when it occurs in the future (Wadsworth & Berger, 2006).

Summary and Statement of the Problem

The ways in which children respond to stress have important implications for their behavioral and mental health and academic outcomes. A recent model of responses to stress is the Five Factor Response to Stress Model (Compas et al., 2001). This model includes three voluntary, or coping responses to stress: Primary Control coping, Secondary Control coping, and Disengagement coping. It has been validated when determining individuals' responses to various stressors, and among adults and children across a range of ages and ethnicities. There have been mixed findings regarding gender differences in children's coping strategy use, with some studies finding no significant differences (e.g., Ayers et al., 1996; Wadsworth & Compas, 2002) and others finding some differences (e.g., Hampel & Petermann, 2006; Santiago & Wadsworth, 2008). When differences have been found, they have predominantly been differences in the uses of Primary Control and Disengagement coping, with males more likely to use Disengagement coping and females more likely to use Primary Control coping strategies (Nicolotti et al., 2003).

Previous research has examined the ways in which children respond to stress, as well as the ways in which children's stress responses are socialized by four factors, including the family environment and three types of caregiver socialization strategies: reinforcement, modeling, and direct instruction or suggestions. All four of these factors have been shown to be related to children's coping strategy use when responding to stressors.

Coping socialization literature thus far has mainly focused on the ways mothers socialize their children to deal with stressors that are outside of the home, such as community violence and bullying, or difficult to change, such as a parent or child's

chronic illness. There has been limited research about the ways in which mothers socialize children to respond to stressors within their own family, such as arguing among family members, wanting to spend more time with family members, and feeling understood and valued within the family. Since youth are likely both exposed to family stress and socialized to cope with family stress in the same environment, by the same individuals, it is important to understand how mothers may help socialize their children's coping responses when faced with family stress, and how much of an impact mothers' modeling and suggestions make on children's coping strategy use.

PROPOSED RESEARCH STUDY

The proposed research study will examine the relationships among children's coping strategy use, and mothers' modeling and suggestions of coping strategies, as well as the interactions between children's gender and mothers' coping socialization strategies.

Research Questions and Hypotheses

RESEARCH QUESTION 1

How is gender related to the strategies children report using when coping with family stress?

Hypothesis 1a

Females will be more likely to report using Primary Control coping strategies than males, with a small but significant correlation.

Hypothesis 1b

Males will be more likely to report using Disengagement coping strategies than females, with a small but significant correlation.

Hypothesis 1c

There will be no significant difference in reported use of Secondary Control coping strategies between the genders.

Rationale

As discussed previously, the literature presents mixed findings regarding gender differences in coping strategy use among children and adolescents. In the proposed study, however, youth's strategies for coping with family stress specifically will be measured. In

previous studies about coping with family stress, there have been some differences in the ways in which youth cope. Specifically, there is some evidence that when responding to interpersonal stress, males are likely to use more Disengagement coping strategies and females more likely to use Primary Control coping strategies, specifically support-seeking strategies (Santiago & Wadsworth, 2008). Given the early adolescent age of the participants, gender differences in Secondary Control coping are not expected, because there is some evidence several of the skills related to Secondary Control coping (e.g., higher levels of metacognition and the capacity for cognitive appraisal and restructuring) are less fully-developed at that age (Skinner & Zimmer-Gembeck, 2007; Zimmer-Gembeck & Skinner, 2011).

RESEARCH QUESTION 2

How do mothers' self-reports of modeling each type of coping strategy account for variance in children's reported coping strategy use?

Hypothesis 2

Mothers' self-reports of modeling coping strategies will independently account for significant variance in children's Primary Control, Secondary Control, and Disengagement coping strategy use.

Rationale

Previous research and validation of the Five Factor Response to Stress Model has shown moderate correlations between parents' and children's self-reports of coping strategy use (Compas et al., 2001; Connor-Smith et al., 2000). This result is expected to hold true in the proposed study as well.

RESEARCH QUESTION 3

How do mothers' suggestions for each type of coping strategy account for children's reported coping strategy use?

Hypothesis 3

Mothers' coping suggestions will add significant, unique variance to the regression model beyond that of children's gender and mothers' modeling for all three dimensions of coping.

Rationale

Research about the use of coping suggestions has shown that mothers' suggestions and children's strategy use are related (Abaied & Rudolph, 2010; Kliewer et al., 1996; Monti et al., 2014). It is expected that in the proposed study, suggestions will add to the variance in children's coping strategy use above mothers' modeling because suggestions are a more intentional form of coping socialization (W. Kliewer et al., 2006). It is hypothesized that mothers will suggest coping strategies that they use themselves, but that children may receive and use those suggestions more effectively than they do when only observing mothers' coping behaviors.

RESEARCH QUESTION 4

Is there a difference in the types of coping strategies mothers report modeling, based on child gender?

Hypothesis 4

There will not be an interaction between modeling and gender.

Rationale

Since mothers' modeling of coping strategies are not necessarily intentional methods of teaching their children how to respond to stress, and since mothers may be involved in some of the stressful family situations, it is unlikely that their own responses to stress will change based on child gender. Previous research suggests that parents' reported coping strategy use and youth's reported coping strategy use are typically moderately correlated, regardless of child gender (e.g., Jaser et al., 2005; Langrock, Compas, Keller, Merchant, & Copeland, 2002; Thomsen et al., 2002).

RESEARCH QUESTION 5

Is there a difference between types of coping suggestions mothers report giving, based on child gender?

Hypothesis 5

There will be an interaction between mothers' coping suggestions and child gender, such that mothers will be more likely to suggest Primary Control coping strategies to males and Secondary Control coping to females.

Rationale

There have been mixed findings regarding differences in mothers' coping suggestions based on child gender (Abaied & Rudolph, 2010; Kliewer et al., 2006; Miller et al., 2010). Since this study is specifically focused on children's responses to family stress, it is hypothesized that differences in suggestions based on child gender will be similar to those used when children face peer stress (Abaied & Rudolph, 2010). It was shown that when responding to interpersonal stress, boys are more likely to remember

and use coping suggestions related to Primary Control coping strategies, but girls are more likely to have Secondary Control coping strategies suggested to them and to use them (Abaied & Rudolph, 2010). These findings are hypothesized to hold in the proposed study.

Method

PARTICIPANTS

Participants will include 50 male and 50 female students and their mothers. Participants will be recruited from middle schools at an urban public school district in Central Texas. Eligibility requirements include the following: (a) The child is between the ages of 12 and 15, (b) Both mothers and children must speak either English or Spanish in order to complete the measures, and (c) A sibling has not already participated in the study.

PROCEDURES

The study proposal will be submitted to the university's Institutional Review Board before recruitment begins. Permission to Contact forms will be distributed to middle school students at middle schools in three charter school districts. The Permission to Contact form, which will be written in both English and Spanish, describes the study, gives mothers the option of checking a box indicating whether or not they are willing to be contacted regarding the study, and provides space for mothers to write their contact information to schedule an assessment. The Permission to Contact form also includes several questions to screen for eligibility. The middle school students will be asked to return the forms regardless of whether mothers checked "yes" or "no," and if their homeroom class has at least an 80% return rate, the entire class will receive a small prize.

Research assistants will call families who express interest and are eligible based on the screener, to provide more details about the study and confirm each child's age, grade, and language ability to confirm eligibility. Eligible families will be invited to individual sessions lasting approximately one hour in private offices at the university. \

Researchers will read over the consent form with each mother-child dyad who participates in the study, explaining the study purpose, procedure, benefits, and risks. Participants will have the opportunity to ask questions, and they will be assured that their participation is voluntary and may be discontinued at any time and for any reason. Children will be present for the discussion of consent, and they will have the opportunity to ask questions or discuss concerns and sign an assent form agreeing to participate in the study. A child's refusal to assent will be honored, regardless of the mother's consent and desire for the child to participate. At any point during the study that they change their minds about participation, they will both be free to revoke consent and leave without consequence.

After obtaining informed consent from the mother and assent from the child, two trained graduate or undergraduate researchers will administer questionnaires to mothers and children in their choice of language: English or Spanish. Mother and child questionnaires will be administered in separate rooms. Upon completing the session, caregivers and children will be compensated \$10.00 each for their time and provided with a list of community mental health resources, should they or someone they know require assistance.

MEASURES

Family Demographics

Each mother will self-report age, race, ethnicity, family income level, marital status, education level, and language(s) used in the home (see Appendix A). Mothers will also report their children's age, race, and ethnicity.

Coping Strategies

Mothers and children will complete the Response to Stress Questionnaire – Family Stress Version (RSQ-FS; Connor-Smith et al., 2000), a fifty-seven-item questionnaire that assesses responses to interpersonal family stress (see Appendices B and C). Respondents will use a four point Likert scale ranging from 1 (not at all) to 4 (a lot) to identify how often they use different coping strategies. The RSQ taps three types of voluntary coping responses: (a) Primary Control Engagement (e.g., “I do something to try to fix the problem or take action to change things”), (b) Secondary Control Engagement (“I tell myself that I can get through this, or that I’ll do better next time”), (c) Disengagement (e.g., “I try not to think about it, to forget all about it”). Involuntary stress responses will not be assessed in the current study, since the socialization of coping measures focus on coping, or voluntary, responses.

This proposed study will use standard scoring for the RSQ: proportion scores will be calculated by dividing each factor’s total raw score by the total raw score for the entire RSQ, to control for response bias and variability in base rates of item endorsement (Connor-Smith et al., 2000). The factor structure of the RSQ has been confirmed with a range of racial, ethnic, and cultural groups (e.g., Connor-Smith et al., 2000; Wadsworth & Berger, 2006; Wadsworth et al., 2005) as well as in relation to family stressors (Connor-Smith et al., 2000).

On this Family Stressor version of the Response to Stress Questionnaire, children will respond to items to report how often they use specific coping strategies in response to interpersonal family stressors (e.g., arguing with siblings or mothers; mothers hassling, nagging, or not understanding the child; and siblings messing up, breaking, or taking belongings). These responses will be used to represent the dependent variable of children’s coping strategies. Mothers will complete a similar fifty-seven-item RSQ-FS

self-report of their own coping in response to interpersonal family stressors (e.g., arguing with children; arguing with spouse/significant other; children arguing or fighting with each other; and not spending enough time with children or spouse/significant other). These responses will be used to represent the independent variable of mothers' modeling of coping strategies. After the RSQ-FS measures have been scored, Cronbach's alpha will be computed for each scale, to determine the internal consistency of the measure within this sample.

Mothers' Coping Suggestions

Mothers and children will both complete a version of the Socialization of Coping Questionnaire (SOC; Abaied, Wagner, & Sanders, 2014), a twenty-four-item questionnaire examining parents' coping suggestions to their children. The SOC was designed to assess parents' coping suggestions to their children and is based on many items from the Response to Stress Questionnaire. The coping suggestions in this measure generally align with those in the Response to Stress Questionnaire (Connor-Smith et al., 2000); in the SOC validation study, items were shown to load onto the same three factors as the RSQ: Primary Control Engagement (eight items), Secondary Control Engagement (seven items) and Disengagement (nine items) (Abaied & Rudolph, 2011). On the SOC, respondents indicate how often the caregiver encourages the child to use a certain coping strategy, using a five-point Likert scale ranging from 1 (Not at All) to 5 (Very Much). Scores are calculated such that a higher mean score on each subscale indicates a higher frequency of each type of parental suggestion for coping with family stress.

The SOC measure was developed to assess parents' socialization of coping with peer victimization. It will be adapted for the proposed study to assess coping suggestions caregivers make when children are dealing with family-related problems that mirror those

described in the RSQ-FS: family members arguing, youth feeling misunderstood, or other factors that cause problems in the family. In this adaptation, the description of the stressor in the SOC will be altered to align with the stressor represented in the RSQ, as suggested by the author (J. Abaied, personal communication, April 15, 2015); however, the item stems and response options themselves will remain identical (see Appendices D through G to compare the original and adapted SOC questionnaires for mothers and children).

Internal consistencies of children's and mothers' reports of mothers' suggestions for Primary Control, Secondary Control, and Disengagement coping will be analyzed and reported. Previous research suggests strong reliability ($\alpha = .85-.89$; Abaied & Rudolph, 2010; Abaied, Wagner, and Sanders, 2014). After the SOC has been scored, Cronbach's alpha will be computed for each scale, to determine the internal consistency of the measure in the current sample.

Translation

All parent measures will be available in English and Spanish, since Central Texas is home to many individuals whose first and preferred language of communication is Spanish. All measures used in the study will be translated in their entirety. Measures will be translated and back translated by Voices for Health, a translation service that provides translation and adaptation services for health care providers and research teams. The translators employed there are all certified by the American Translators Association.

The principal investigator and bilingual research team members will review all documents for clarity and resolve concerns using the iterative process (Brislin, 1970). This process includes one professional to translate the document to the new language, a different professional to back-translate it to its original language, without seeing the original document, and discourse and final agreement about any discrepancies in the

translation. Any disagreements that the translators have will be noted so that the principal investigator and bilingual research team members may make the final decision.

Data Analyses and Expected Results

OVERVIEW

The purpose of this study is to examine the degree to which children's gender and mothers' modeling and suggestions of coping strategies affects children's use of voluntary coping strategies. For each variable besides gender, there will be scores for three dimensions of voluntary coping: Primary Control Coping, Secondary Control Coping, and Disengagement Coping (see Table 1). Data will be analyzed using a multiple regression analysis.

<i>Assessments, Variables, and Types of Scores Produced</i>			
Construct Measured	Assessment Tool	Reporter	Type of score
Children's Coping Strategy Use (DV)	RSQ ^a ; reports of PC ^b , SC ^c , and DC ^d	Children's self-reports	Proportion score for each scale (e.g., raw score for PC/total raw score)
Mothers' Modeling of Coping Strategies (IV)	RSQ; reports of PC, SC, and DC	Mothers' self-reports	Proportion score for each scale (e.g., raw score for PC/total raw score)
Mothers' Suggestions for Child Coping Strategy Use (IV)	SOC ^e ; reports of mothers' PC, SC, and DC suggestions	Mothers' self-reports and children's reports of mothers	Total raw score for each scale
Children's Gender (IV)	Demographic Questionnaire	Mothers' reports of children	0 = Male 1 = Female

Table 1. ^a Response to Stress Questionnaire – Family Stress. ^b Primary Control Coping. ^c Secondary Control Coping. ^d Disengagement Coping. ^e Socialization of Coping Questionnaire.

PRELIMINARY ANALYSES

Power Analysis

Two a priori power analyses were conducted G*Power (version 3.1.9.2) to determine the minimum sample size needed for this study (Faul et al., 2013). The first

power analysis for a correlation (point biserial model) was conducted for a two-tailed test of significance using an alpha level of 0.05, a power of 0.80, and a moderate effect size ($f^2 = 0.3$). Based on these assumptions, the desired sample size for the correlation analysis is 82, or 41 mother-child dyads. An a priori power analysis for detecting significant R^2 change with five predictors was conducted in G*Power (version 3.1.9.2) to determine a sufficient sample size using an alpha of 0.05, a power of 0.80, and a moderate effect size ($f^2 = 0.15$) (Faul, Erdfelder, Lang, & Buchner, 2007). Based on these assumptions, the desired sample size for that analysis is 92 per analysis, or 92 mother-child dyads and 184 total participants. The proposed study will recruit more than the minimum of 184 participants, in order to account for participants who opt not to participate.

Descriptive Statistics

Descriptive statistics, including means and standard deviations, will be calculated for all study variables. Data will be examined for normality, and standardized residuals will be inspected to identify outliers and assess the assumption of homoscedasticity.

CORRELATION

A correlation matrix including all study variables will be examined for the magnitude of the association and statistical significance between child self-reports of coping strategy use, mothers' self-reports of modeling coping strategies, and both mothers' and children's reports of mothers' coping suggestions. A Bonferroni-Holm correction will be used to account for the multiple correlations.

REGRESSION

Hierarchical, or sequential, multiple regression analyses will be used to examine associations among coping socialization strategies (mothers' modeling and coping suggestions) and children's coping strategy use, when controlling for children's gender,

in order to determine the unique contribution that each makes to children's coping strategy use. Three regression analyses will be conducted in order to model the amount of variance in the dependent variable of children's coping strategy use that is accounted for by gender, mothers' modeling, and mothers' suggestions, as well as interactions between gender and the two socialization strategies, for each of the three dimensions of coping: Primary Control, Secondary Control, and Disengagement coping. These three regression analyses will be run twice, once using mothers' self-reports of coping suggestions and once using children's reports of their mothers' coping suggestions.

Gender will be entered into the model first and regressed on children's coping strategy use, to control for gender differences in coping style may begin to emerge in late childhood or early adolescence. This will address research question 1, and its hypothesis that there will be gender differences in Primary Control and Disengagement coping strategy use.

Mothers' self-reports of modeling will be entered into the regression in block two in order to answer research question two. The p-value associated with the change in R^2 will be examined to determine whether mothers' reported modeling of coping strategy use explains a significant amount of variance in children's self-reported coping strategy use, even after controlling for gender. The alpha level will be set at $p < .05$. It is hypothesized that there will be significant change in R^2 , denoting an increase in variance in children's coping strategy use that is accounted for, in all three dimensions of coping (primary control, secondary control, and disengagement).

Mothers' coping suggestions will be entered into block three in order to answer research question three. The model will be examined to detect whether there is significant change in R^2 when controlling for both children's gender and mothers' modeling. It is hypothesized that there will be a significant change in R^2 in all three dimensions of

coping (primary control, secondary control, and disengagement). This third block is the block that will differ between the two sets of regression analyses: in one model, mothers' self-reports of coping suggestions will be used, and in the other, children's reports of mothers' coping suggestions will be used.

The fourth block will include the interaction of gender and modeling, and will analyze whether modeling is differentially related to strategies used, depending on child gender. It is hypothesized that there will not be a significant change in R^2 based on this interaction for any of the three dimensions of coping.

The fifth block of the regression model will include the interaction of gender and suggestions. The model will be inspected to determine whether there is a significant difference in relationship between mothers' coping suggestions and the coping strategies children report using, depending on child gender.

DISCUSSION

Limitations

The proposed study has several limitations. First, the scope of this study is such that it will not examine all of the factors that have been associated with children's coping socialization: family environment, caregiver reinforcement, caregiver modeling, and caregiver instruction or suggestions. A future study that examines all four of these methods by which children learn to cope may use a self-report measure of family environment factors and reinforcement, or may use an experimental design to assess coping suggestions, such as that used by Kliever and colleagues who coded video-recorded sessions of parents and children watching a movie depicting a stressor and discussing ways they may respond to it (Kliever et al., 2006).

Another limitation is the anticipated lack of racial and ethnic diversity in participants. Central Texas demographics are such that a majority of individuals in the city identify as White/Caucasian and non-Hispanic/Latino (47.1%), or as Hispanic/Latino (36.5%). There are fewer individuals who identify as Black/African-American (7.0%), Native American (0.3%), or Asian-American (6.8%) (U.S. Census Bureau, 2015). If significant results are found in the proposed study, future studies should attempt to replicate them in other locations and with populations encompassing different demographic groups.

The decision to restrict participants to mother-child dyads serves as a method of controlling for parent gender and aligns with previous literature that often focuses on the mother-child relationship. There is some evidence that fathers' coping socialization methods, particularly coping suggestions, may differ from those used by mothers (e.g., Kliever et al., 1996), a research question that is not included in this proposed study.

Future research could address this limitation by including both mothers and fathers and examining the data for interactions between parent and child gender match, parents' coping suggestions, and children's coping strategy use.

Summary, Implications, and Directions for Future Research

The proposed study seeks to expand the literature on the socialization of coping, specifically as it relates to mothers' modeling and suggestions of Primary Control, Secondary Control, and Disengagement coping strategies. It is expected that mothers' self reports of modeling coping strategies, as well as children's and mother's reports of mothers' coping suggestions, will each account for a significant proportion of the variance in children's reported coping strategy use. If this is so, there may be important implications for clinical practice and for future research.

If mothers' modeling of coping strategies is related to children's coping strategy use, then providing psychoeducation to mothers about developing their own repertoire of coping strategies may prove useful in increasing coping strategy use among youth. It is also possible that becoming aware of both the ways in which they cope and the fact that their children may observe their coping with stressors, will cause mothers to more intentionally model coping responses. It also opens the door for discussion among children and their mothers about coping in general, and what observations children make of their mothers' responses to stress.

If mothers' coping suggestions account for a significant proportion of the variance in children's coping strategy use, this is yet another place to intervene with families, particularly those who are facing increased levels of family stress. If there is a discrepancy between the mothers' and children's reports of coping suggestions, there may be miscommunication between the two. A mismatch between what mothers believe

they are saying and what children report hearing suggests that different ways of participating in these conversations, as both the speaker and the listener, may be warranted.

Though gender differences in coping strategy use and mothers' socialization of coping methods are expected, it is possible that they will not be present in this study. Since the literature has shown mixed results regarding gender differences in children's coping strategy use, this sample of youth, in response to family stress, may also show no gender differences. If this is the case, it will be useful for future studies to examine how the mothers' modeling, mothers' suggestions, or children's strategy use are related to both levels of family stress and mental health outcomes for boys and girls. Though they may use similar strategies, do the strategies yield different results based on gender?

The goal of the proposed study is to examine how much children's coping strategy use is affected by their own gender, as well as their mothers' coping socialization strategies of modeling and suggestions. The degree to which mothers' socialization of coping strategies affects children's coping strategy use may prove useful to professionals who can provide psychoeducation and parent training related to coping socialization. Responding to stress effectively, in order to accomplish daily tasks and to prevent poor mental health outcomes, is imperative. Finding ways to bolster youth's ability to cope with stress, particularly family stress that may affect them on a daily basis, is one important step in that direction.

Appendices

APPENDIX A: DEMOGRAPHIC QUESTIONNAIRE

BACKGROUND INFORMATION

We would like to ask you a few questions about yourself. Please answer all of the questions as completely as possible.

1. What is your gender?
☐ Male
☐ Female
☐ Other (please specify) _____
2. Which of the following best describes your current status?
☐ Single ☐ Remarried
☐ Married ☐ Widowed
☐ Divorced ☐ Living with someone
☐ Separated
3. What was the highest grade of school you completed? (Circle one)

Elementary	1	2	3	4	5	6	7	8
High School	9	10	11	12				
Post High School (technical or trade school)	1	2	3	4				
College	1	2	3	4	Degree? _____			
Graduate / Professional	5	6	7	8	Degree? _____			
4. What is your date of birth and age? Month _____ Day _____ Year _____ Age _____
5. Has your work schedule or job changed in the past year?

<input type="checkbox"/> No change in work or job status (1)	<input type="checkbox"/> Working more hours (4)
<input type="checkbox"/> Working fewer hours or on unpaid leave (2)	<input type="checkbox"/> Working at a different job (5)
<input type="checkbox"/> Had to quit previous job (3)	<input type="checkbox"/> Other, please specify (6) _____
6. Approximately what is your gross annual family income?

<input type="checkbox"/> Under \$10,000	per year
<input type="checkbox"/> \$10,000 – 20,000	per year
<input type="checkbox"/> \$20,001 - \$30,000	per year
<input type="checkbox"/> \$30,001 - \$40,000	per year
<input type="checkbox"/> \$40,001 - \$50,000	per year
<input type="checkbox"/> \$50,001 - \$60,000	per year
<input type="checkbox"/> \$60,001 - \$70,000	per year
<input type="checkbox"/> \$70,001 - \$80,000	per year
<input type="checkbox"/> \$80,001 - \$90,000	per year
<input type="checkbox"/> \$90,001 - \$100,000	per year
<input type="checkbox"/> Over \$100,001	per year

7. Please indicate the number of children currently residing in your home. _____

8. Does your child qualify for (check all that apply):

_____ Free Lunch OR _____ Reduced Lunch
_____ CHIP (Children's Health Insurance Program)
_____ Medicaid

9. What is the number of rooms in your household?

Number of rooms _____

10. What is the number of people currently living in your household, including yourself?

Number of people _____

11. What is your relationship to the child participating in the study?

_____ Biological Parent (1)	_____ Foster Parent (4)
_____ Step Parent (2)	_____ Grandparent (5)
_____ Adoptive Parent (3)	_____ Other, please specify (6) _____

12. How would you describe your race (check all that apply)?

_____ White (1)	_____ American Indian / Native Alaskan (4)
_____ Black or African American (2)	_____ Native Hawaiian / Pacific Islander (5)
_____ Asian (3)	_____ Other, please specify (6) _____

13. How would you describe your ethnicity?

_____ Not Hispanic or Latino (1)

_____ Hispanic or Latino (2)

Describe what Hispanic/Latino ethnic group(s) (Ex: Mexican, Puerto Rican, Ecuadorian)

14. What language(s) do you speak?

a) Language: _____

What is your ability to communicate in this language?

Not at all Able	Slightly Able	Somewhat Able	Very Able	Completely Able
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b) Language: _____

What is your ability to communicate in this language?

Not at all Able	Slightly Able	Somewhat Able	Very Able	Completely Able
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c) Language: _____

What is your ability to communicate in this language?

Not at all Able	Slightly Able	Somewhat Able	Very Able	Completely Able
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INFORMATION ABOUT YOUR CHILD

The following questions are about your child who is participating in the study.

15. What is your child's gender? ☐ Male ☐ Female

16. What is the date of birth and age of your child participating in the study?

Month Day Year Age

17. How would you describe your child's race (check all that apply)?

<input type="checkbox"/> White (1)	<input type="checkbox"/> American Indian / Native Alaskan (4)
<input type="checkbox"/> Black or African American (2)	<input type="checkbox"/> Native Hawaiian / Pacific Islander (5)
<input type="checkbox"/> Asian (3)	<input type="checkbox"/> Other, please specify (6) <input type="text"/>

18. How would you describe the ethnicity of your child?

☐ Not Hispanic or Latino (1)
☐ Hispanic or Latino (2)

Describe what Hispanic/Latino ethnic group(s) (Ex: Mexican, Puerto Rican, Ecuadorian)

19. What grade is your child in?

20. What is the complete name of your child's school?

School Name

APPENDIX B: RESPONSE TO STRESS QUESTIONNAIRE—FAMILY STRESS (PARENT SELF-REPORT)

RESPONSES TO STRESS – Family Stress (SR-M)

Even when things are going well almost everyone still has some tough times getting along with people in their family, like children, step-children, spouses and significant others. So that we can find out how things have been going for you lately, please circle the number indicating how stressful the following things have been *for you in the last 6 months*.

	Not at All	A Little	Somewhat	Very
a. Arguing with your child(ren)	1	2	3	4
b. Arguing with your spouse or significant other	1	2	3	4
c. Your children competing with each other	1	2	3	4
d. Your children arguing or fighting with each other	1	2	3	4
e. Your children not being as close to each other as you would like	1	2	3	4
f. Your spouse or significant other not understanding you	1	2	3	4
g. Having a hard time talking with your child(ren)	1	2	3	4
h. Your children not respecting each other's property	1	2	3	4
i. Your child(ren) having problems with your spouse or significant other	1	2	3	4
j. Not spending as much time as you would like to with your child(ren)	1	2	3	4
k. Not spending as much time as you would like to with your spouse or significant other	1	2	3	4
l. Having other kinds of problems with your family	1	2	3	4
Explain _____				

*** Circle the number that shows how much control you think you have over these problems.

1	2	3	4
None	A little	Some	A lot

Below is a list of things that people sometimes do, think, or feel when something stressful happens. Everybody deals with problems in their own way - some people do a lot of the things on this list or have a bunch of feelings, other people just do or think a few things.

Think of all the problems that you indicated above. For each item below, circle one number from 1 (not at all) to 4 (a lot) that shows **how much** you do or feel these things when you have problems with your family like the ones you indicated above. Please let us know about everything you do, think, and feel, even if you don't think it helps make things better.

WHEN DEALING WITH PROBLEMS IN MY FAMILY:	How much do you do this?			
	Not at all	A little	Some	A lot
1. I try not to feel anything.	1	2	3	4
2. When I have problems with my family, I feel sick to my stomach or get headaches.	1	2	3	4
3. I try to think of different ways to change or fix the situation. Write one plan you thought of: _____	1	2	3	4
4. When problems with my family happen, I don't feel any emotions at all, it's like I have no feelings.	1	2	3	4
5. I wish that I were stronger, smarter, or more popular so that things would be different.	1	2	3	4

WHEN DEALING WITH PROBLEMS IN MY FAMILY:	How much do you do this?			
	Not at all	A little	Some	A lot
6. I keep remembering what happened with my family or can't stop thinking about what might happen.	1	2	3	4
7. I let someone or something know how I feel. <i>(remember to circle a number.)</i> → Check all you talked to: <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Therapist/Counselor <input type="checkbox"/> Clergy Member <input type="checkbox"/> Child(ren) <input type="checkbox"/> God <input type="checkbox"/> Spouse/Significant Other <input type="checkbox"/> Other Family Member <input type="checkbox"/> None of these	1	2	3	4
8. I decide I'm okay the way I am, even though I'm not perfect.	1	2	3	4
9. When I'm around other people I act like the problems in my family never happened.	1	2	3	4
10. I just have to get away when I have problems with my family, I can't stop myself.	1	2	3	4
11. I deal with the problem by wishing it would just go away, that everything would work itself out.	1	2	3	4
12. I get really jumpy when I'm having problems with my family.	1	2	3	4
13. I realize that I just have to live with things the way they are.	1	2	3	4
14. When I have problems with my family, I just can't be near anything that reminds me of the situation.	1	2	3	4
15. I try not to think about it, to forget all about it.	1	2	3	4
16. When problems with my family come up I really don't know what I feel.	1	2	3	4
17. I ask other people or things for help or for ideas about how to make the problem better. <i>(remember to circle a number.)</i> → Check all you talked to: <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Therapist/Counselor <input type="checkbox"/> Clergy Member <input type="checkbox"/> Child(ren) <input type="checkbox"/> God <input type="checkbox"/> Spouse/Significant Other <input type="checkbox"/> Other Family Member <input type="checkbox"/> None of these	1	2	3	4
18. When I'm having problems with my family, I can't stop thinking about them when I try to sleep, or I have bad dreams about them.	1	2	3	4
19. I tell myself that I can get through this, or that I'll do better next time.	1	2	3	4
20. I let my feelings out. <i>(remember to circle a number.)</i> → I do this by: (Check all that you did.) <input type="checkbox"/> Writing in my journal/diary <input type="checkbox"/> Drawing/painting <input type="checkbox"/> Complaining to let off steam <input type="checkbox"/> Being sarcastic/making fun <input type="checkbox"/> Listening to music <input type="checkbox"/> Punching a pillow <input type="checkbox"/> Exercising <input type="checkbox"/> Yelling <input type="checkbox"/> Crying <input type="checkbox"/> None of these	1	2	3	4
21. I get help from other people or things when I'm trying to figure out how to deal with my feelings. <i>(remember to circle a number.)</i> → Check all that you went to: <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Therapist/Counselor <input type="checkbox"/> Clergy Member <input type="checkbox"/> Child(ren) <input type="checkbox"/> God <input type="checkbox"/> Spouse/Significant Other <input type="checkbox"/> Other Family Member <input type="checkbox"/> None of these	1	2	3	4
22. I just can't get myself to face the person I'm having problems with or the situation.	1	2	3	4
23. I wish that someone would just come and get me out of the mess.	1	2	3	4

You're half done. Before you keep working, look back at the first page so you remember what kinds of problems with your family you told us about. Remember to answer the questions below thinking about these things.

WHEN DEALING WITH PROBLEMS IN MY FAMILY:		How much do you do this?			
		Not at all	A little	Some	A lot
24. I do something to try to fix the problem or take action to change things. Write one thing you did: _____		1	2	3	4
25. Thoughts about the problems with my family just pop into my head.		1	2	3	4
26. When I have problems with my family, I feel it in my body. (remember to circle a number.) →		1	2	3	4
Check all that happen: <input type="checkbox"/> My heart races <input type="checkbox"/> My breathing speeds up <input type="checkbox"/> None of these <input type="checkbox"/> I feel hot or sweaty <input type="checkbox"/> My muscles get tight					
27. I try to stay away from people and things that make me feel upset or remind me of the problem.		1	2	3	4
28. I don't feel like myself when I am dealing with problems in my family, it's like I am far away from everything.		1	2	3	4
29. I just take things as they are; I go with the flow.		1	2	3	4
30. I think about happy things to take my mind off the problem or how I'm feeling.		1	2	3	4
31. When problems with my family come up, I can't stop thinking about how I am feeling		1	2	3	4
32. I get sympathy, understanding, or support from someone. (remember to circle a number.) →		1	2	3	4
Check all you want to: <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Therapist/Counselor <input type="checkbox"/> Clergy Member <input type="checkbox"/> Teacher <input type="checkbox"/> God <input type="checkbox"/> Spouse/Significant Other <input type="checkbox"/> Other Family Member <input type="checkbox"/> None of these					
33. When problems with my family happen, I can't always control what I do. (remember to circle a number.) →		1	2	3	4
Check all that happen: <input type="checkbox"/> I can't stop eating <input type="checkbox"/> I can't stop talking <input type="checkbox"/> I do dangerous things <input type="checkbox"/> I have to keep fixing/checking things <input type="checkbox"/> None of these					
34. I tell myself that things could be worse.		1	2	3	4
35. My mind just goes blank when I have problems with my family, I can't think at all		1	2	3	4
36. I tell myself that it doesn't matter, that it isn't a big deal.		1	2	3	4
37. When I have problems with my family, right away I feel really: (remember to circle a number.) →		1	2	3	4
Check all that you feel: <input type="checkbox"/> Angry <input type="checkbox"/> Sad <input type="checkbox"/> None of these <input type="checkbox"/> Worried/anxious <input type="checkbox"/> Scared					
38. It's really hard for me to concentrate or pay attention when I have problems with my family.		1	2	3	4
39. I think about the things I'm learning from the situation, or something good that will come from it.		1	2	3	4
40. When I have problems with my family, I can't stop thinking about what I did or said.		1	2	3	4
41. When I'm having problems with my family, I say to myself, "This isn't real."		1	2	3	4

WHEN DEALING WITH PROBLEMS IN MY FAMILY:	How much do you do this?			
	Not at all	A little	Some	A lot
42. When I'm having problems with my family, I end up just lying around or sleeping a lot.	1	2	3	4
43. I keep my mind off problems with my family by: (remember to circle a number.) →				
Check all that you do:	1	2	3	4
<input type="checkbox"/> Exercising <input type="checkbox"/> Seeing friends <input type="checkbox"/> Watching TV				
<input type="checkbox"/> Playing video games <input type="checkbox"/> Doing a hobby <input type="checkbox"/> Listening to music <input type="checkbox"/> None of these				
44. When problems with my family come up, I get upset by things that don't usually bother me.	1	2	3	4
45. I do something to calm myself down when having problems with my family. (remember to circle a number.) →	1	2	3	4
Check all that you do:				
<input type="checkbox"/> Take deep breaths <input type="checkbox"/> Pray <input type="checkbox"/> Walk				
<input type="checkbox"/> Listen to music <input type="checkbox"/> Take a break <input type="checkbox"/> Meditate <input type="checkbox"/> None of these				
46. I just freeze when I have problems with my family, I can't do anything.	1	2	3	4
47. When I'm having problems with my family, sometimes I act without thinking.	1	2	3	4
48. I keep my feelings under control when I have to, then let them out when they won't make things worse.	1	2	3	4
49. When problems with my family happen, I can't seem to get around to doing things I'm supposed to do.	1	2	3	4
50. I tell myself that everything will be all right.	1	2	3	4
51. When I have problems with my family, I can't stop thinking about why this is happening.	1	2	3	4
52. I think of ways to laugh about it so that it won't seem so bad.	1	2	3	4
53. My thoughts start racing when I am having problems with my family.	1	2	3	4
54. I imagine something really fun or exciting happening in my life.	1	2	3	4
55. When I'm having problems with my family, I can get so upset that I can't remember what happened or what I did.	1	2	3	4
56. I try to believe that it never happened.	1	2	3	4
57. When I am having problems with my family, sometimes I can't control what I do or say.	1	2	3	4

APPENDIX C: RESPONSE TO STRESS QUESTIONNAIRE–FAMILY STRESS (CHILD SELF-REPORT)

ADOLESCENT/CHILD'S SELF-REPORT RESPONSES TO STRESS – [FS]

Even when things are going well for kids and teenagers, almost everyone still has some tough times getting along with people in their family, like parents, step-parents, and brothers and sisters. So that we can find out how things have been going for you lately, please circle the number indicating how stressful the following things have been for you in the last 6 months.

	Not at All	A Little	Somewhat	Very
a. Arguing with your mother	1	2	3	4
b. Arguing with your father	1	2	3	4
c. Your parents arguing with each other	1	2	3	4
d. Competing with your sibling(s)	1	2	3	4
e. Your parents not understanding you	1	2	3	4
f. Having a hard time talking with your parents	1	2	3	4
g. Your parents hassling or nagging you	1	2	3	4
h. Arguing or fighting with your sibling(s)	1	2	3	4
i. Not being as close to your sibling(s) as you'd like	1	2	3	4
j. Your sibling(s) messing up, breaking, or taking your belongings	1	2	3	4
k. Not spending as much time as you would like to with your parents	1	2	3	4
l. Having other kinds of problems with your parents	1	2	3	4
Explain _____				

***** Circle the number that shows how much control you think you have over these problems.**

	1 None	2 A little	3 Some	4 A lot
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Below is a list of things that people sometimes do, think, or feel when something stressful happens. Everybody deals with problems in their own way - some people do a lot of the things on this list or have a bunch of feelings, other people just do or think a few things.

Think of all the problems that you indicated above. For each item below, circle **one** number from 1 (not at all) to 4 (a lot) that shows **how much** you do or feel these things when you have problems with your family like the ones you indicated above. Please let us know about everything you do, think, and feel, even if you don't think it helps make things better.

WHEN DEALING WITH THE STRESS OF PROBLEMS IN MY FAMILY:	How much do you do this?			
	Not at all	A little	Some	A lot
1. I try not to feel anything.	1	2	3	4
2. When I have problems with my family, I feel sick to my stomach or get headaches.	1	2	3	4
3. I try to think of different ways to change or fix the situation. Write one plan you thought of: _____	1	2	3	4
4. When problems with my family happen, I don't feel any emotions at all, it's like I have no feelings.	1	2	3	4
5. I wish that I were stronger, smarter, or more popular so that things would be different.	1	2	3	4

WHEN DEALING WITH THE STRESS OF PROBLEMS IN MY FAMILY:		How much do you do this?			
		Not at all	A little	Some	A lot
6.	I keep remembering what happened with my family or can't stop thinking about what might happen.	1	2	3	4
7.	I let someone or something know how I feel. <i>(remember to circle a number.)</i> → Check all you talked to: <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Pet <input type="checkbox"/> Clergy Member <input type="checkbox"/> Teacher <input type="checkbox"/> God <input type="checkbox"/> Stuffed Animal <input type="checkbox"/> Other Family Member <input type="checkbox"/> None of these	1	2	3	4
8.	I decide I'm okay the way I am, even though I'm not perfect.	1	2	3	4
9.	When I'm around other people I act like the problems in my family never happened.	1	2	3	4
10.	I just have to get away when I have problems with my family, I can't stop myself.	1	2	3	4
11.	I deal with the problem by wishing it would just go away, that everything would work itself out.	1	2	3	4
12.	I get really jumpy when I'm having problems with my family.	1	2	3	4
13.	I realize that I just have to live with things the way they are.	1	2	3	4
14.	When I have problems with my family, I just can't be near anything that reminds me of the situation.	1	2	3	4
15.	I try not to think about it, to forget all about it.	1	2	3	4
16.	When problems with my family come up I really don't know what I feel.	1	2	3	4
17.	I ask other people or things for help or for ideas about how to make the problem better. <i>(remember to circle a number.)</i> → Check all you talked to: <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Pet <input type="checkbox"/> Clergy Member <input type="checkbox"/> Teacher <input type="checkbox"/> God <input type="checkbox"/> Stuffed Animal <input type="checkbox"/> Other Family Member <input type="checkbox"/> None of these	1	2	3	4
18.	When I'm having problems with my family, I can't stop thinking about them when I try to sleep, or I have bad dreams about them.	1	2	3	4
19.	I tell myself that I can get through this, or that I'll do better next time.	1	2	3	4
20.	I let my feelings out. <i>(remember to circle a number.)</i> → I do this by: (Check all that you did.) <input type="checkbox"/> Writing in my journal/diary <input type="checkbox"/> Drawing/painting <input type="checkbox"/> Complaining to let off steam <input type="checkbox"/> Being sarcastic/making fun <input type="checkbox"/> Listening to music <input type="checkbox"/> Punching a pillow <input type="checkbox"/> Exercising <input type="checkbox"/> Yelling <input type="checkbox"/> Crying <input type="checkbox"/> None of these	1	2	3	4
21.	I get help from other people or things when I'm trying to figure out how to deal with my feelings. <i>(remember to circle a number.)</i> → Check all that you went to: <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Pet <input type="checkbox"/> Clergy Member <input type="checkbox"/> Teacher <input type="checkbox"/> God <input type="checkbox"/> Stuffed Animal <input type="checkbox"/> Other Family Member <input type="checkbox"/> None of these	1	2	3	4
22.	I just can't get myself to face the person I'm having problems with or the situation.	1	2	3	4
23.	I wish that someone would just come and get me out of the mess.	1	2	3	4
24.	I do something to try to fix the problem or take action to change things. Write one thing you did: _____	1	2	3	4

You're half done. Before you keep working, look back at the first page so you remember situations in your family that have been stressful for you lately. Remember to answer the questions below thinking about these things.

WHEN DEALING WITH THE STRESS OF PROBLEMS IN MY FAMILY:	How much do you do this?			
	Not at all	A little	Some	A lot
25. Thoughts about the problems with my family just pop into my head.	1	2	3	4
26. When I have problems with my family, I feel it in my body. (remember to circle a number.) →	1	2	3	4
Check all that happen: <input type="checkbox"/> My heart races <input type="checkbox"/> My breathing speeds up <input type="checkbox"/> None of these <input type="checkbox"/> I feel hot or sweaty <input type="checkbox"/> My muscles get tight				
27. I try to stay away from people and things that make me feel upset or remind me of the problem.	1	2	3	4
28. I don't feel like myself when I am dealing with problems in my family, it's like I am far away from everything.	1	2	3	4
29. I just take things as they are; I go with the flow.	1	2	3	4
30. I think about happy things to take my mind off the problem or how I'm feeling.	1	2	3	4
31. When problems with my family come up, I can't stop thinking about how I am feeling	1	2	3	4
32. I get sympathy, understanding, or support from someone. (remember to circle a number.) →	1	2	3	4
Check all you want to: <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Pet <input type="checkbox"/> Clergy Member <input type="checkbox"/> Teacher <input type="checkbox"/> God <input type="checkbox"/> Stuffed Animal <input type="checkbox"/> Other Family Member <input type="checkbox"/> None of these				
33. When problems with my family happen, I can't always control what I do. (remember to circle a number.) →	1	2	3	4
Check all that happen: <input type="checkbox"/> I can't stop eating <input type="checkbox"/> I can't stop talking <input type="checkbox"/> I do dangerous things <input type="checkbox"/> I have to keep fixing/checking things <input type="checkbox"/> None of these				
34. I tell myself that things could be worse.	1	2	3	4
35. My mind just goes blank when I have problems with my family, I can't think at all	1	2	3	4
36. I tell myself that it doesn't matter, that it isn't a big deal.	1	2	3	4
37. When I have problems with my family, right away I feel really: (remember to circle a number.) →	1	2	3	4
Check all that you feel: <input type="checkbox"/> Angry <input type="checkbox"/> Sad <input type="checkbox"/> None of these <input type="checkbox"/> Worried/anxious <input type="checkbox"/> Scared				
38. It's really hard for me to concentrate or pay attention when I have problems with my family.	1	2	3	4
39. I think about the things I'm learning from the situation, or something good that will come from it.	1	2	3	4
40. When I have problems with my family, I can't stop thinking about what I did or said.	1	2	3	4
41. When I'm having problems with my family, I say to myself, "This isn't real."	1	2	3	4
42. When I'm having problems with my family, I end up just lying around or sleeping a lot.	1	2	3	4

WHEN DEALING WITH THE STRESS OF PROBLEMS IN MY FAMILY:	How much do you do this? Not at all A little Some A lot			
43. I keep my mind off problems with my family by: (remember to circle a number.) → Check all that you do: <input type="checkbox"/> Exercising <input type="checkbox"/> Seeing friends <input type="checkbox"/> Watching TV <input type="checkbox"/> Playing video games <input type="checkbox"/> Doing a hobby <input type="checkbox"/> Listening to music <input type="checkbox"/> None of these	1	2	3	4
44. When problems with my family come up, I get upset by things that don't usually bother me.	1	2	3	4
45. I do something to calm myself down when having problems with my family. (remember to circle a number.) → Check all that you do: <input type="checkbox"/> Take deep breaths <input type="checkbox"/> Pray <input type="checkbox"/> Walk <input type="checkbox"/> Listen to music <input type="checkbox"/> Take a break <input type="checkbox"/> Meditate <input type="checkbox"/> None of these	1	2	3	4
46. I just freeze when I have problems with my family, I can't do anything.	1	2	3	4
47. When I'm having problems with my family, sometimes I act without thinking.	1	2	3	4
48. I keep my feelings under control when I have to, then let them out when they won't make things worse.	1	2	3	4
49. When problems with my family happen, I can't seem to get around to doing things I'm supposed to do.	1	2	3	4
50. I tell myself that everything will be all right.	1	2	3	4
51. When I have problems with my family, I can't stop thinking about why this is happening.	1	2	3	4
52. I think of ways to laugh about it so that it won't seem so bad.	1	2	3	4
53. My thoughts start racing when I am having problems with my family.	1	2	3	4
54. I imagine something really fun or exciting happening in my life.	1	2	3	4
55. When I'm having problems with my family, I can get so upset that I can't remember what happened or what I did.	1	2	3	4
56. I try to believe that it never happened.	1	2	3	4
57. When I am having problems with my family, sometimes I can't control what I do or say.	1	2	3	4

APPENDIX D: SOCIALIZATION OF COPING QUESTIONNAIRE – ORIGINAL (PARENT SELF-REPORT)

(words with a dotted underline are different in the original and adapted versions)

WHEN OTHER KIDS ARE MEAN TO MY CHILD

	When <u>other kids are mean to my child</u> , I ENCOURAGE MY CHILD TO...	Not At All	A Little Bit	Some	Pretty Much	Very Much
1.	Deal with the situation head on rather than ignoring it.	1	2	3	4	5
2.	Look for something good in what is happening.	1	2	3	4	5
3.	Think that everything will be all right.	1	2	3	4	5
4.	Try to stop her/himself from thinking about the problem.	1	2	3	4	5
5.	Think about happy things to take her/his mind off the problem.	1	2	3	4	5
6.	NOT focus on things that make her/him feel bad.	1	2	3	4	5
7.	Get help from me or others when figuring out how to deal with her/his feelings.	1	2	3	4	5
8.	Find something positive that came from the experience.	1	2	3	4	5
9.	Keep her/his mind off how s/he is feeling by getting involved in other activities.	1	2	3	4	5
10.	Keep away from things that make her/him feel bad.	1	2	3	4	5
11.	Do something to try to fix the problem or take action to change things.	1	2	3	4	5
12.	Stay away from <u>the kids</u> that make her/him feel upset.	1	2	3	4	5
13.	Discuss her/his feelings with me or others.	1	2	3	4	5
14.	Think about ways to deal with the problem.	1	2	3	4	5
15.	Try NOT to think about things that make her/him upset.	1	2	3	4	5

	When other kids are mean to my child, I ENCOURAGE MY CHILD TO...	Not At All	A Little Bit	Some	Pretty Much	Very Much
16.	Keep away from things related to the problem.	1	2	3	4	5
17.	Think of ways to laugh about it so it won't seem so bad.	1	2	3	4	5
18.	Think about things s/he is learning from the situation.	1	2	3	4	5
19.	Stay away from the kids that remind her/him of the problem.	1	2	3	4	5
20.	Keep busy so that s/he does not focus on the problem.	1	2	3	4	5
21.	Let someone know how s/he feels.	1	2	3	4	5
22.	Keep from thinking about her/his negative feelings.	1	2	3	4	5
23.	Do something to calm her/himself down.	1	2	3	4	5
24.	NOT focus on the problem.	1	2	3	4	5

APPENDIX E: SOCIALIZATION OF COPING QUESTIONNAIRE – ADAPTED (PARENT SELF-REPORT)

(words with a dotted underline are different in the original and adapted versions)

WHEN MY CHILD FEELS STRESSED ABOUT FAMILY PROBLEMS:

This is a list of things that parents sometimes say or do when their child is dealing with stress related to family problems. For each item on the list below, circle one number (1 to 5) that shows how much you say or do these things when your child is stressed about family problems. (Problems within the family may include things like people in the family arguing or fighting, not being as close to parents, siblings, or other family members as he/she would like, competing with siblings, not feeling like family members understand him/her, or anything else that causes your child problems or stress within your family).

When my child is stressed about family problems, I ENCOURAGE HIM/HER TO...	Not At All	A Little Bit	Some	Pretty Much	Very Much
1. Deal with the situation head on rather than ignoring it.	1	2	3	4	5
2. Look for something good in what is happening.	1	2	3	4	5
3. Think that everything will be all right.	1	2	3	4	5
4. Try to stop her/himself from thinking about the problem.	1	2	3	4	5
5. Think about happy things to take her/his mind off the problem.	1	2	3	4	5
6. NOT focus on things that make her/him feel bad.	1	2	3	4	5
7. Get help from me or others when figuring out how to deal with her/his feelings.	1	2	3	4	5
8. Find something positive that came from the experience.	1	2	3	4	5
9. Keep her/his mind off how s/he is feeling by getting involved in other activities.	1	2	3	4	5
10. Keep away from things that make her/him feel bad.	1	2	3	4	5
11. Do something to try to fix the problem or take action to change things.	1	2	3	4	5
12. Stay away from family members that make her/him feel upset.	1	2	3	4	5
13. Discuss her/his feelings with me or others.	1	2	3	4	5

	When my child is stressed about family problems, I ENCOURAGE HIM/HER TO...	Not At All	A Little Bit	Some	Pretty Much	Very Much
14.	Think about ways to deal with the problem.	1	2	3	4	5
15.	Try NOT to think about things that make her/him upset.	1	2	3	4	5
16.	Keep away from things related to the problem.	1	2	3	4	5
17.	Think of ways to laugh about it so it won't seem so bad.	1	2	3	4	5
18.	Think about things s/he is learning from the situation.	1	2	3	4	5
19.	Stay away from <u>family members</u> that remind her/him of the problem.	1	2	3	4	5
20.	Keep busy so that s/he does not focus on the problem.	1	2	3	4	5
21.	Let someone know how s/he feels.	1	2	3	4	5
22.	Keep from thinking about her/his negative feelings.	1	2	3	4	5
23.	Do something to calm her/himself down.	1	2	3	4	5
24.	NOT focus on the problem.	1	2	3	4	5

APPENDIX F: SOCIALIZATION OF COPING QUESTIONNAIRE – ORIGINAL (CHILD REPORT OF PARENT)

(words with a dotted underline are different in the original and adapted versions)

Circle which PARENT you talk to the most when you have problems with other kids:

Mom Dad Other:

This is a list of things that parents sometimes say or do when their child has problems with other kids. For each item on the list below, circle one number (1 to 5) that shows how much the parent you circled above says or does these things when you have problems with other kids. (Problems with other kids include other kids being rude or mean, not having as many friends as you want, getting into fights or arguments, being left out, having someone stop being your friend, or feeling pressured to do something you don't want to do).

	When I have problems with <u>other kids</u> :	Not At All	A Little Bit	Some	Pretty Much	Very Much
1.	My parent encourages me to deal with the situation head on rather than <u>ignoring it</u> .	1	2	3	4	5
2.	My parent encourages me to look for something <u>good</u> in what is happening.	1	2	3	4	5
3.	My parent encourages me to think that <u>everything</u> will be all right.	1	2	3	4	5
4.	My parent encourages me to try to stop myself from thinking about the problem.	1	2	3	4	5
5.	My parent encourages me to think about happy things to take my mind off the problem.	1	2	3	4	5
6.	My parent encourages me to NOT focus on things that make me feel bad.	1	2	3	4	5
7.	My parent encourages me to get help from her/him or others when figuring out how to deal with my feelings.	1	2	3	4	5
8.	My parent encourages me to find something positive that came from the experience.	1	2	3	4	5
9.	My parent encourages me to keep my mind off how I'm feeling by getting involved in other fun activities.	1	2	3	4	5

	When I have problems with <u>other kids</u>, <u>my parents</u> encourage me to...	Not At All	A Little Bit	Some	Pretty Much	Very Much
10.	My parent encourages me to keep away from things that make me feel bad.	1	2	3	4	5
11.	My parent encourages me to do something to try to fix the problem or take action to change things.	1	2	3	4	5
12.	My parent encourages me to stay away from <u>the kids</u> that make me feel upset.	1	2	3	4	5
13.	My parent encourages me to discuss my feelings with my parents or others.	1	2	3	4	5
14.	My parent encourages me to think about ways to deal with the problem.	1	2	3	4	5
15.	My parent encourages me to try NOT to think about things that make me upset.	1	2	3	4	5
16.	My parent encourages me to keep away from things related to the problem.	1	2	3	4	5
17.	My parent encourages me to think of ways to laugh about it so it won't seem so bad.	1	2	3	4	5
18.	My parent encourages me to think about things I'm learning from the situation.	1	2	3	4	5
19.	My parent encourages me to stay away from <u>the kids</u> that remind me of the problem.	1	2	3	4	5
20.	My parent encourages me to keep busy so that I don't focus on the problem.	1	2	3	4	5
21.	My parent encourages me to let someone know how I feel.	1	2	3	4	5
22.	My parent encourages me to keep from thinking about my negative feelings.	1	2	3	4	5
23.	My parent encourages me to do something to calm myself down.	1	2	3	4	5
24.	My parent encourages me to NOT focus on the problem.	1	2	3	4	5

APPENDIX G: SOCIALIZATION OF COPING QUESTIONNAIRE – ADAPTED (CHILD REPORT OF MOTHER)

(words with a dotted underline are different in the original and adapted versions)

This is a list of things that parents sometimes say or do when their child is dealing with stress related to family problems. For each item on the list below, circle one number (1 to 5) that shows how much your mother says or does these things when you are stressed about problems in your family. (Problems within the family may include things like people in your family arguing or fighting, not being as close to parents, siblings, or other family members as you'd like, competing with your siblings, not feeling like family members understand you, or anything else that you think causes problems or stress within your family).

	When I am stressed about problems <u>in my family</u> :	Not At All	A Little Bit	Some	Pretty Much	Very Much
1.	My <u>mother</u> encourages me to deal with the situation head on rather than ignoring it.	1	2	3	4	5
2.	My <u>mother</u> encourages me to look for something good in what is happening.	1	2	3	4	5
3.	My <u>mother</u> encourages me to think that everything will be all right.	1	2	3	4	5
4.	My <u>mother</u> encourages me to try to stop myself from thinking about the problem.	1	2	3	4	5
5.	My <u>mother</u> encourages me to think about happy things to take my mind off the problem.	1	2	3	4	5
6.	My <u>mother</u> encourages me to NOT focus on things that make me feel bad.	1	2	3	4	5
7.	My <u>mother</u> encourages me to get help from her or others when figuring out how to deal with my feelings.	1	2	3	4	5
8.	My <u>mother</u> encourages me to find something positive that came from the experience.	1	2	3	4	5
9.	My <u>mother</u> encourages me to keep my mind off how I'm feeling by getting involved in other fun activities.	1	2	3	4	5

	When I am stressed about problems in my family:	Not At All	A Little Bit	Some	Pretty Much	Very Much
10.	My <u>mother</u> encourages me to keep away from things that make me feel bad.	1	2	3	4	5
11.	My <u>mother</u> encourages me to do something to try to fix the problem or take action to change things.	1	2	3	4	5
12.	My <u>mother</u> encourages me to stay away from the people that make me feel upset.	1	2	3	4	5
13.	My <u>mother</u> encourages me to discuss my feelings with my mothers or others.	1	2	3	4	5
14.	My <u>mother</u> encourages me to think about ways to deal with the problem.	1	2	3	4	5
15.	My <u>mother</u> encourages me to try NOT to think about things that make me upset.	1	2	3	4	5
16.	My <u>mother</u> encourages me to keep away from things related to the problem.	1	2	3	4	5
17.	My <u>mother</u> encourages me to think of ways to laugh about it so it won't seem so bad.	1	2	3	4	5
18.	My <u>mother</u> encourages me to think about things I'm learning from the situation.	1	2	3	4	5
19.	My <u>mother</u> encourages me to stay away from the <u>family members</u> that remind me of the problem.	1	2	3	4	5
20.	My <u>mother</u> encourages me to keep busy so that I don't focus on the problem.	1	2	3	4	5
21.	My <u>mother</u> encourages me to let someone know how I feel.	1	2	3	4	5
22.	My <u>mother</u> encourages me to keep from thinking about my negative feelings.	1	2	3	4	5
23.	My <u>mother</u> encourages me to do something to calm myself down.	1	2	3	4	5
24.	My <u>mother</u> encourages me to NOT focus on the problem.	1	2	3	4	5

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